

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION: | INITIALS | ID: | DATE |
|---------------------|----------|-------|----------|
| FEE DETERMINATION | Smc | | 10/13/99 |
| O.I.P.E. CLASSIFIER | | 7 | 10/19/99 |
| FORMALITY REVIEW | DW | 72346 | 10/29/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 10/13/99 | |
| 2 | ✓ | 10/13/99 | |
| 3 | ✓ | 10/13/99 | |
| 4 | ✓ | 10/13/99 | |
| 5 | ✓ | 10/13/99 | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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